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Time & Date: Tuesday, July 13, 2004 11:25:50 AM
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To: Commissioner of Patents
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Phone:
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From: Patrick S. Alban
Company: MedImmune, Inc.
Phone: (301) 398-4280
-Fax: (301) 398-9280

Date: July 13, 2004
**Pages including this
cover page:** 4

Message:

Re: Application No.: 10/722,050
Filing Date: November 25, 2003
SPAETE, Richard et al.
Title: NON-SPLICING VARIANTS OF GP350/220
Attorney Docket: EB100C2D1D1

Transmittal Sheet, and executed Revocation of Power of Attorney w/ Statement Under 37 CFR 3.73(b) in the above-identified application follows.

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PTO/SB/21 (02-04)

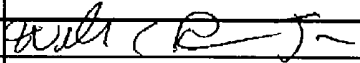
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| | | | |
|--|----------------------|------------------------|-------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/722,050 | |
| | Filing Date | November 25, 2003 | |
| | First Named Inventor | SPAETE, Richard | |
| | Art Unit | 1648 | |
| | Examiner Name | M. Mosher | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | EB100C2D1D1 |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|---|--|--|
| Firm or Individual name | William C. Bertrand, Jr. | | |
| Signature |  | | |
| Date | July 12, 2004 | | |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|--|------|--|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | | | |
| Signature | | Date | |

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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| | |
|------------------------|-------------------|
| Application Number | 10/722,050 |
| Filing Date | November 25, 2003 |
| First Named Inventor | SPAETE, Richard |
| Art Unit | 1648 |
| Examiner Name | M. Mosher |
| Attorney Docket Number | EB100C2D1D1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 36577☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

36577

OR

☒ Firm or
Individual Name MEDIMMUNE, INC.

Address

Address

35 West Watkins Mill Road

City

Gaithersburg

State

Maryland

Zip

20878

Country

UNITED STATES OF AMERICA

Telephone

(301) 398-4280

Fax

(301) 398-9280

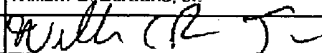
I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

William C. Bertrand, Jr.

Signature



Date

July 12, 2004

Telephone

(301) 398-4280

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/96 (06-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: MEDIMMUNE, INC.Application No./Patent No.: 10/722,050 Filed/Issue Date: November 25, 2003Entitled: NON-SPLICING VARIANTS OF GP350/220MEDIMMUNE, INC., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.2. From: _____ To: _____
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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

July 12, 2004

Date

(301) 398-4280

Telephone number

William C. Bertrand, Jr.

Typed or printed name

Will C. Bertrand, Jr.

Signature

Vice President, General Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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